CHAPTER 297

## HEALTH CARE POLICY AND FINANCING

HOUSE BILL 01-1401

BY REPRESENTATIVE(S) Saliman, Berry, Grossman, Lawrence, Tapia, Boyd, Groff, Jahn, Marshall, Plant, Romanoff, Tochtrop, and Williams S.:

also SENATOR(S) Anderson, Owen, Reeves, Tate, Hagedorn, Hernandez, Perlmutter, Takis, and Windels.

## AN ACT

CONCERNING PARTICIPATION IN THE COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANT PROGRAM.

Be it enacted by the General Assembly of the State of Colorado:

**SECTION 1.** 26-4-1002, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

**26-4-1002.** Legislative declaration. (3) It is the intent of the general assembly that this grant program provide primary and preventive health care services to both adults and children. However, it is not the intent of the general assembly that this grant program supplant or expand the children's basic health plan, the state medical assistance program, or the Colorado indigent care program. Therefore, the general assembly finds it necessary to allow agencies who serve low-income, uninsured adults and children whose yearly family income is below two hundred percent of the federal poverty level to apply for grants under this program and provide services to this needy population.

**SECTION 2.** 26-4-1003 (5) and (7), Colorado Revised Statutes, are amended to read:

- **26-4-1003. Definitions.** As used in this part 10, unless the context otherwise requires:
- (5) "Qualified provider" means an entity that provides comprehensive primary care services and that:

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

- (a) Accepts all patients regardless of their ability to pay and uses a sliding fee schedule for payments OR THAT PROVIDES COMPREHENSIVE PRIMARY CARE SERVICES FREE OF CHARGE;
- (b) Serves a designated medically underserved area or population, as provided in section 330(b) of the federal "Public Health Service Act", 42 U.S.C. sec. 254b, OR DEMONSTRATES TO THE STATE DEPARTMENT THAT THE ENTITY SERVES A POPULATION OR AREA THAT LACKS ADEQUATE HEALTH CARE SERVICES FOR LOW-INCOME, UNINSURED PERSONS;
  - (c) Has a demonstrated track record of providing cost-effective care; and
- (d) Provides or arranges for the provision of comprehensive primary care services to persons of all ages; AND
- (e) COMPLETES INITIAL SCREENING FOR ELIGIBILITY FOR THE STATE MEDICAL ASSISTANCE PROGRAM, THE CHILDREN'S BASIC HEALTH PLAN, AND ANY OTHER RELEVANT GOVERNMENT HEALTH CARE PROGRAM AND REFERRAL TO THE APPROPRIATE AGENCY FOR ELIGIBILITY DETERMINATION.
- (7) "Uninsured or medically indigent patient" means a patient receiving services from a qualified provider:
- (a) Whose yearly family income is below <del>one</del> TWO hundred <del>eighty-five</del> percent of the federal poverty level; and
- (b) Who is not eligible for medicaid, medicare, or any other type of governmental reimbursement for health care costs; and
  - (c) Who is not receiving third-party payments.

**SECTION 3. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 5, 2001